



## Care Coordination- Table Exercise

A hospital ER Physician Assistant refers a patient to you for 'treatment, probably to include detox'. The patient's wife brought him to the ER because he was drinking, was depressed, and talking about suicide. The PA sends the patient chart to the patient's primary care physician. You have treated this patient twice in the past, once recently, for severe alcoholism. Your current assessment indicates no withdrawal management issues and places him not in detox, but in your IOP. He has atrial fibrillation, a seizure history, is severely depressed and is morbidly obese.

To successfully coordinate his care, who **must be on the team**?

First Name	Role	Why?

To successfully coordinate his care, who else **should be** on the team?

First Name	Role	Why?
<b>Who might lead the team?</b>	<b>Name:</b>	<b>Why?</b>

You then learn: Patient is separated from his wife and has been denied visitation with his 2 pre-teen children because he has been abusive when drunk. He is a truck driver and a union member for 20 years but was recently fired.

Who Should Now Be Added to the TEAM?

First Name	Role	Why?
<b>Do you need a new team lead? YES or NO</b>	<b>Name:</b>	<b>If so, why?</b>

In preparing the team members for their roles what might you stress as important for them to remember about the task at hand?

Discuss with your team how you have handled cases like this in the past and how-knowing what we have discussed about care coordination and collaboration- you might handle them going forward.